

DS001635

and correct copy of all pleadings, process, orders, docket sheets, and all other filings in the State Court Action are also being filed (see Appendix A), as required by 28 U.S.C. Section 1446(a).

Plaintiffs brought this civil action in a State court of which the district courts of the United States have original jurisdiction. This action is removable to this Court because this District and Division is the United States District Court which embraces the place where such action is pending (Dallas County, Texas), as required by 28 U.S.C. Section 1441(a).

This case is now removable because Defendants have ascertained from "other paper," as set forth in 28 U.S.C. Section 1446(b),¹ that this case is one that can be removed to federal court under 28 U.S.C. Section 1331. Plaintiffs did not expressly indicate in their initial pleadings that there was a question of federal law in this case, or that the case was otherwise removable to federal court. However, in Plaintiffs' May 31, 2006 responses to the Request for Disclosures of both ABF and the Individual Defendants, they accused Defendants of violating Title VII of the Civil Rights Act of 1964. In their response to request number three in both responses, Plaintiffs stated that "Plaintiffs have been subjected to libel, to sexual harassment in the nature of a hostile working environment and to retaliation in violation of Title VII of the Civil Rights Act of 1964...."² Additionally, Plaintiff Marty Coyne verified his allegations against ABF for violations of Title VII in his deposition testimony on June 9, 2006. In this deposition, he testified as follows:

Q. And you claim that as to ABF you are bringing claims for libel; is that correct?

A. Correct.

Q. Sexual harassment in the nature of a hostile work environment; do you see that?

¹ 28 U.S.C. Section 1446 states in part:

If the case stated by the initial pleading is not removable, a notice of removal may be filed within thirty days after receipt by the defendant, through service or otherwise, of a copy of an amended pleading, motion, order or other paper from which it may first be ascertained that the case is one which is or has become removable....

² See response to request number 3 in Exhibits 1 and 2.

- A. Correct.
- Q. And in retaliation in violation of Title 7 of the Civil Rights Act of 1964 and the Texas Labor Code; do you see that?
- A. Yes, I do.
- Q. Is that an accurate description of your claims?
- A. Yes.
- MR. ADAMS: Objection, form.
- Q. (BY MR. MCCABE) I am sorry?
- A. I have brought all these charges against them –
- Q. Uh—huh.
- A. -- for what they have done to me --³

Q. (BY MR. MCCABE) All I'm trying to do, Mr. Coyne, is understand if the claims and defenses that you are bringing against ABF are described here in response to request number 3?

MR. ADAMS: Objection, form.

- A. That's what is says.
- Q. Is there anything that you disagree with?
- A. Pertaining to what?
- Q. Request number 3.
- A. I agree with all these charges.⁴

Courts in the Fifth Circuit hold that discovery responses and also deposition transcripts may serve as "other papers" for purposes of removal under 28 U.S.C. section 1446(b). *Erectors, Inc. v. Infax, Inc.*, 72 F.3d 489, 494 (5th Cir. 1996) (stating that a transcript of deposition testimony is "other paper" under 28 U.S.C. section 1446(b)); *Chapman v. Powermatic, Inc.*, 969 F.2d 160, 164 (5th Cir. 1992) (stating that "[c]learly the answer to interrogatory which triggered the filing of the notice of removal in this case is... an 'other paper'"); *Johnson v. Dillard Dept. Stores, Inc.*, 836 F. Supp. 390, 391 (N.D. Tex. 1993) (stating that answers to requests for admissions qualified as "other paper" under 29 U.S.C. section 1446). Consequently, in light of Plaintiffs' allegations that Defendants violated Title VII of the Civil Rights Act of 1964, this matter is removable to federal court under 28 U.S.C. section 1331.

³ See Exhibit 3 page 340 lines 19-25 and page 341 lines 1-12.

⁴ See Exhibit 3 page 342 lines 3-13.

This Notice of Removal is timely. Plaintiffs' responses to the Defendants' Requests for Disclosures (served on May 31, 2006) was the first opportunity from which Defendants could ascertain that the case was removable under 28 U.S.C. section 1331. Defendants file this Notice of Removal within thirty (30) days of service of Plaintiffs' responses to the Defendants Requests for Disclosures. It is therefore timely filed as required by 28 U.S.C. Section 1446(b).

Defendants will promptly file a copy of this Notice of Removal with the clerk of the state court in which the State Court Action has been pending and serve all removal documents to Plaintiff's counsel.⁵

No act of Congress prohibits the removal of this action.

For the above reasons, Defendants request that the State Court Action be removed to the United States District Court for the Northern District of Texas, Dallas Division, that this Court assume jurisdiction over this lawsuit and retain this case for final disposition. Defendants request all such other relief, both general and special, at law and in equity, to which they may show themselves to be justly entitled.

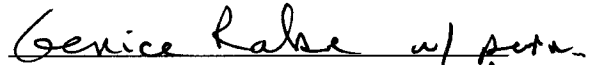
⁵ See 28 U.S.C. §1446(d).

Respectfully submitted,



William C. Strock
State Bar No. 19407000
Michael A. McCabe
State Bar No. 24007628
HAYNES AND BOONE , LLP
901 Main Street, Suite 3100
Dallas, TX 75202-3789
Tel: (214) 651-5000
Fax: (214) 651-5940
Email: bill.strock@haynesboone.com
michael.mccabe@haynesboone.com

ATTORNEYS FOR DEFENDANT
ABF FREIGHT SYSTEMS, INC.



Genice A. G. Rabe
State Bar. No. 16445900
Law Offices of Genice A. G. Rabe
3301 Elm Street
Dallas, Texas 75226
Tel: (214) 939-9228
Fax: (214) 939-9229
Email: rabelaw@prodigy.net

ATTORNEY FOR BARRY SIRCY,
TOMMY WALKER, ROBERT GRAVES,
GEORGE WARREN, PERRY WAYNE
MIDDLEBROOK, RICHARD
CRAWFORD, RICHARD FISER, DAN
NOONKESTER, RICHARD MARTINEZ,
RICHARD PASSMORE, AND
LEONARD ESNER, JR.


CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the foregoing instrument has been sent, facsimile and certified mail, return receipt requested, to the following counsel on this 21st day of June, 2006:

Robert Goodman
5956 Sherry Lane, Suite 800
Dallas, Texas 75225-6597

Carl David Adams
The Law Offices of Carl David Adams
Twin Sixties Tower, Suite 690
6060 North Central Expressway
Dallas, Texas 75206

Genice A.G. Rabe
Law Offices of Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226


Michael McCabe

1

06-01-'06 18:38 FROM-

T-128 P076/106 F-837

Perry Wayne Middlebrook
Richard Crawford
Richard Fiser
Dan Noonkester
Richard Martinez
Richard Passmore
Leonard Esner, Jr.

REQUEST NO. 2:

The name, address and telephone number of any potential parties.

RESPONSE:

None.

REQUEST NO. 3:

The legal theories and, in general, the factual bases of Plaintiff's claims or defenses.

RESPONSE:

Plaintiffs have been subjected to libel, to sexual harassment in the nature of a hostile working environment and to retaliation in violation of Title VII of the Civil Rights Act of 1964 and the Texas Labor Code.

REQUEST NO. 4:

The amount and any method of calculating economic damages, if any, asserted by Plaintiff.

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T-128 P077/106 F-837

RESPONSE:

Lost income related to effect of emotional distress to curtail number of driving opportunities taken by Plaintiffs estimated by comparison of 2006 wages to 2005 wages to date: as much as \$10,000 per Plaintiff.

REQUEST NO. 5:

The name, address and telephone number of persons having knowledge of relevant facts, and a brief statement of each identified person's connection with the case.

RESPONSE:

Jerry Gumpert
502 Bryan Drive
Grand Prairie, Texas 75052
(972) 642-4027
Plaintiff

Marty Coyne
11112 Country Road 350
Terrell, Texas 75161
(972) 563-6299
Plaintiff

Barry Sircy
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Tommy Walker
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

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Robert Graves
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

George Warren
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Perry Wayne Middlebrook
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Richard Crawford
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Richard Fiser
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Dan Noonkester
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

06-01-'06 18:39 FROM-

T-128 P079/106 F-837

Richard Martinez
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Richard Passmore
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Leonard Esner, Jr.
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688-0448
Defendant and Plaintiffs' employer

George Burks
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688-0448
Long haul supervisor at Defendant ABF

Skip Sweeten
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688-0448
Safety supervisor at Defendant ABF

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A.J. Phillips
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Regional Vice President for Defendant ABF

Ken Bryan
c/o Teamsters Local 745
1007 Jonelle St.
Dallas Texas 75217
(214) 398-0661
Union President associated with Defendant ABF

John Evans
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' terminal manager for Defendant ABF

Daniel Pace
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' co-worker

John Williams
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' co-worker

Tom Smith
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' co-worker

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T-128 P081/106 F-837

Oliver Wells
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' co-worker

Dr. Richard Schmitt
900 W. Mitchell Street
Arlington, Texas 76013
(817) 792-3385
Plaintiffs' medical provider

Dr. Sherril Durbin
319 Osler Dr. Ste 160
Arlington, Texas 76010
Plaintiff Gumpert's medical provider

Dr. James Saalfeld
1001 North Waldrop Drive, Ste 708
Arlington, Texas 76012
Plaintiff Gumpert's medical provider

Dr. Kanani Harini
410 Pinson Rd.
Forney, Texas 75126
(972) 564-9380
Plaintiff Coyne's medical provider

Dr. Sheikha Sabri
2305 Ridge Ste 101
Rockwall, Texas 75087
(972) 772-3630
Plaintiff's Coyne former medical provider

REQUEST NO. 6:

For any testifying expert:

1. The expert's name, address, and telephone number;
2. The subject matter on which the expert will testify;

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3. The general substance of the expert's mental impressions and opinions and a brief summary of the basis of them, or if the expert is not retained by, employed by, or otherwise subject to the control of Plaintiff, documents reflecting such information.
4. If the expert is retained by, employed by, or otherwise subject to the control of Plaintiff:
 - a. All documents, tangible things, reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for the expert in anticipation of the expert's testimony; and
 - b. The expert's current resume and bibliography.

RESPONSE:

1. Dr. Richard Schmitt
900 W. Mitchell Street
Arlington, Texas 76013
(817) 792-3385
2. Effect of Defendants' conduct on Plaintiffs
3. Plaintiffs suffered emotional distress and other adverse psychological effects of Defendants' conduct
4.
 - a. Medical records or authorization to be provided.
 - b. Any curriculum vitae maintained by Dr. Schmitt to be provided.

REQUEST NO. 7:

Any discoverable indemnity and insuring agreements.

RESPONSE:

None.

06-01-'06 18:40 FROM-

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REQUEST NO. 8:

Any discoverable settlement agreement.

RESPONSE:

None.

REQUEST NO. 9:

Any discoverable witness statement.

RESPONSE:

None.

REQUEST NO. 10:

All medical records and bills reasonably related to the injuries or damages that is the subject of the case or an authorization permitting the disclosure of such medical records and bills.

RESPONSE:

Authorization provided.

REQUEST NO. 11:

All medical records and bills obtained by Defendants by virtue of an authorization obtained from Plaintiff.

RESPONSE:

Not applicable.

06-01-'06 18:41 FROM-

T-128 P084/106 F-837

CERTIFICATE OF SERVICE

I certify that on the 17 day of June, 2006, I served a copy of the
above document by telecopy to the following counsel for Defendants:

By Telecopy 214.651.5940

William C. Strock
Michael A. McCabe
Haynes and Boone, L.L.P.
901 Main Street, Suite 3100
Dallas, Texas 75202

By Telecopy 214.939.9229

Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226



Robert E. Goodman, Jr.

06-01-'06 18:41 FROM-

T-128 P085/106 F-837

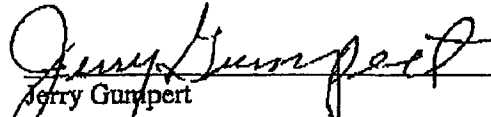
VERIFICATION

STATE OF TEXAS

§
§
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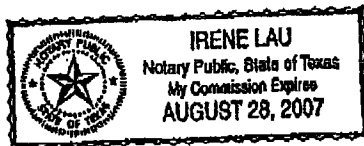
COUNTY OF DALLAS


Before me, the undersigned Notary Public, personally appeared Jerry Gumper, who, being by me duly sworn, deposed and stated that he is the Plaintiff in this suit and that the facts stated in the answers in the foregoing Plaintiff Jerry Gumpert's Response to Defendant ABF Freight System, Inc.'s First Set of Interrogatories are within his personal knowledge and are true and correct.


Jerry Gumpert

SUBSCRIBED AND SWORN TO BEFORE ME this 1st day of

June, 2006.




Notary Public

06-01-'06 18:41 FROM-

T-128 P086/106 F-837

Patient's Name:

Jerry L. Gumpert

Social Security No.:

456-56-3530

Date of Birth:

02-07-38

Home Phone:

972-642-4027

Work Phone:

214-674-7098

I hereby authorize

to disclose my individually identifiable health information as described below, which may include information concerning Human Immunodeficiency Virus ("HIV") or Acquired Immunodeficiency Syndrome ("AIDS"), mental illness (except for psychotherapy notes), chemical or alcohol dependency, laboratory test results, medical history, treatment, or any other such related information. I hereby authorize the above-named health care provider to disclose records obtained in the course of my evaluation and/or treatment, and to send them by U.S. mail service and/or electronic facsimile to:

ROBERT E. GOODMAN, JR.
5956 Sherry Lane, Suite 800
Dallas, Texas 75225-6597
214-368-1765
214-368-3974 Telefax

I understand that Robert E. Goodman, Jr. is not a covered entity, and that the information released to it may not be protected thereafter by federal and state privacy regulations. I further understand that when the information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected health information.

DATES OF SERVICE: _____**Type of Access Requested:** Copies of Record(s)

Inspection of Record(s)

Medical Records:

Entire Record

Selection(s) of PHI as marked:

Admission Summary
 Discharge Summary
 History & Physical
 Consultative Reports
 Operative Reports

Radiology Reports
 Laboratory Reports
 Physical Evaluations
 Psychiatric Evaluations
 Diagnosis & Treatment

Psychological Evaluations
 Physical Therapy
 Emergency Room
 Clinic Notes
 Other: _____

Billing Records:

UB92

HCFA Form

06-01-'06 18:42 FROM-

T-128 P087/106 F-837

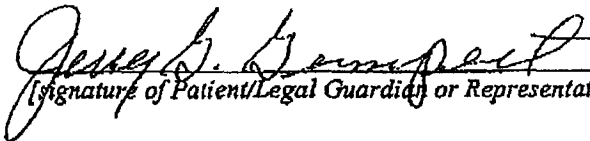
Purpose for release or disclosure of Protected Health Information: Pursuant to Title 45, Part 164, Section 164.508(c)(1)(iv) of the Code of Federal Regulations, I state that the purpose of this disclosure is "at the request of the individual."

I understand that this authorization is voluntary and I may refuse to sign this authorization. I understand that the above named healthcare provider may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I further understand that I have a right to receive a copy of this information. This authorization shall expire 365 days from the date of my signature below. I understand that I may revoke this authorization at any time by notifying the medical provider above in writing. I understand that such written revocation must be signed and must be dated later than the date of this authorization. The revocation will not affect any actions taken before the receipt of the revocation.

It is my express intention that this authorization is given in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191); Title 45, Part 164, Section 164.508 of the Code of Federal Regulations; Subtitle I, Chapter 181 of the Texas Health and Safety Code; §159.005 of the Texas Medical Practice Act; §201.405 of the Texas Occupations Code; §202.406 of the Texas Occupations Code; §258.104 of the Texas Dental Practice Act; Title 22, Part 9, Chapter 165 of the Texas Administrative Code; Title 22, Part 3, Chapter 80 of the Texas of the Texas Administrative Code; Title 22, Part 5, Chapter 108 of the Texas Administrative Code; and Title 22, Part 18, Chapter 375 of the Texas Administrative Code.

A copy or facsimile of this authorization is as valid as the original.

I have read the above, or have had it read to me, and authorize the disclosure of the Protected Health Information as stated.


[signature of Patient/Legal Guardian or Representative*]

05-15-06
[Date]

[signature of Witness]

[Date]

* If signed by other than patient, indicate relationship and a description of your authority to act for the patient:

06-01-'06 18:42 FROM-

T-128 P088/106 F-837

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM MEDICAL AND PSYCHIATRIC RECORDS**

TO: All physicians, psychiatrists, psychologists, counselors, mental health care providers, and pharmacies who have examined, tested, counseled, treated, x-rayed, or prescribed or provided prescription drugs to, Jerry Gumpert, SSN: _____, DOB: 02-07-48 as well as, all hospitals, clinics, or institutions in which Jerry Gumpert has been a patient, whether admitted or on an outpatient basis:

This will be your authorization to release all information from my medical records since January 1, 2000 with respect to my physical/mental condition, past, present, and future, in accordance with the terms of this release to Haynes and Boone, LLP, or any person bearing this authorization on behalf of Haynes and Boone, LLP:

A. Information of Medical Records to be Covered by this Release:


Please release any and all records and x-rays which have been made in connection with all examinations, diagnosis, prognosis, evaluation and/or treatment given to me for all medical, mental and/or emotional conditions and/or disorders, including, but not limited to, psychological or psychiatric evaluations; family counseling information; admission summaries; discharge summaries; medical histories; physical examinations; x-ray & lab reports; physician's orders and/or notes; nurse's notes; aftercare plan; drugs prescribed; and financial information.

B. Reasons or Purpose for Release:

This consent is subject to revocation at any time in the form of written notice from me, except to the extent that action has been taken and reliance thereon, or without revocation, will expire upon judicial closure of the litigation captioned, *Jerry Gumpert and Martin Coyne v. ABB Freight System, Inc. Barry Seary, Thomas Walker, Robert Canna, George Warren, Perry Wayne Middlebrook, Richard Crawford, Richard Fier, David Noonhater, and Richard Martinez*. The disclosed information may be subject to redaction or other disclosures by the recipient during the course, and for use, in said captioned litigation only. Other use is forbidden.

A photostatic copy of this authorization will have the same validity as the original.

I understand the benefits as well as the disadvantages of releasing information and I do give my consent freely and voluntarily.


Jerry Gumpert

SUBSCRIBED AND SWORN TO before me, the undersigned authority, by the said Jerry Gumpert

[Check one:]

personally known to me;
proved to me on the oath of _____ who is a credible witness
personally known to me; or
proved to me through the following current identification card or other document issued by
the federal government or any state government containing the photograph and signature of
the acknowledging person: _____

Given under my hand and seal of office on this _____ day of _____, 2006.

NOTARY PUBLIC

My Commission Expires: _____

06-01-'06 18:43 FROM-

HAYNES AND BOONE, LLP 4/26/2006 12:17 PAGE 22/31 021103

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**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM EMPLOYMENT, PAYROLL & PERSONNEL RECORDS**

TO: Custodians of Records who have employed, or otherwise have custody of records pertaining to, Jerry Gumpert, SSN: _____, DOB: _____, whether on a part-time, full time, temporary or regular basis.

This will be your authorization to release any and all information from my personnel, employment, and payroll records, past and present, in accordance with the terms of this release to Haynes and Boone, LLP, or any person bearing this authorization on behalf of Haynes and Boone, LLP.

A. Information or Records to be Covered by this Release:

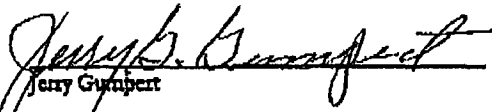
Please release any and all employment and unemployment records, including but not limited to, my job application form or resume, offers of employment, employment agreements or contracts; all forms & records related to my employment; records showing earnings paid to me during my employment; my performance review; and my termination report.

B. Reasons or Purpose for Release:

This information may be released for use in the litigation captioned, *Jerry Gumpert and Martin Coyne v. ABF Freight System, Inc. Barry Stary, Thomas Walker, Robert Gross, George Warren, Perry Wayne Middlebrook, Richard Crawford, Richard Furr, Daniel Noonketter, and Richard Martiny*. Other use is forbidden.

A photostatic copy of this authorization will have the same validity as the original.

I understand the benefits as well as the disadvantages of releasing information and I do give my consent freely and voluntarily.


Jerry Gumpert

SUBSCRIBED AND SWORN TO before me, the undersigned authority, by the said Jerry Gumpert:

[Check one:]

- ☐ personally known to me;
- ☐ proved to me on the oath of _____ who is a credible witness
- ☐ personally known to me; or
- ☐ proved to me through the following current identification card or other document issued by the federal government or any state government containing the photograph and signature of the acknowledging person: _____

Given under my hand and seal of office on this _____ day of _____, 2006.

NOTARY PUBLIC

My Commission Expires: _____

06-01-'06 18:44 FROM-

T-128 P090/106 F-837

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM INSURANCE RECORDS**

TO: Custodian of Records of all insurance companies who have knowledge of any claim filed by, or on behalf of Jerry Gumpert, SSN: 456-56-3530 DOB 02-07-35; for insurance benefits.

I hereby authorize you to release all information from your files regarding any claim I made for insurance benefits, to include any records with respect to my physical/mental condition, past, present, and future, in accordance with the terms of this release to Haynes and Boone, LLP, or any person bearing this authorization on behalf of Haynes and Boone, LLP.

A. Insurance Benefit Information or Medical Records to be Covered by this Release:

I authorize you to release any and all records regarding any claim for insurance benefits since January 1, 1997, including, but not limited to, the following:

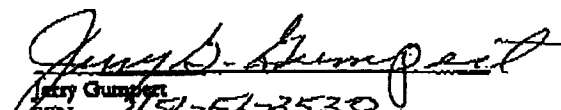
1. Any and all applications for benefits;
2. Any and all letters, notes or statements regarding benefits or benefits determination(s);
3. Any and all correspondence regarding benefits or benefits determination(s);
4. Any and all records and x-rays which have been provided to or obtained by you in connection with all examinations, diagnosis, prognosis, evaluation and/or treatment given to me for all medical, mental and/or emotional conditions and/or disorders, including, but not limited to, psychological or psychiatric evaluations; family counseling information; admission summaries; discharge summaries; medical histories; physical examinations; x-ray & lab reports; physician's orders and/or notes; nurse's notes; aftercare plan; drugs prescribed; and financial information;
5. Any and all medical or other evaluations regarding my physical/mental condition made or caused to be made by the insurance company;
6. Any and all determinations regarding my entitlement for benefits;
7. Any and all records appealing a determination(s); and
8. Any and all records indicating the payment of benefits.

B. Reasons or Purpose for Release:

This consent is subject to revocation at any time in the form of written notice from me, except to the extent that action has been taken and reliance thereon, or without revocation, will expire upon judicial closure of the litigation captioned, *Jerry Gumpert and Maria Lynn v. ABF Freight System, Inc. Barry Searcy, Thomas Walker, Robert Gruesz, George Warren, Perry Wayne Middlebrook, Richard Crawford, Richard Furr, Daniel Neenkester, and Richard Martinez*. The disclosed information may be subject to redisclose or other disclosures by the recipient during the course, and for use, in said captioned litigation only. Other use is forbidden.

A photostatic copy of this authorization will have the same validity as the original.

I understand the benefits as well as the disadvantages of releasing information and I do give my consent freely and voluntarily.


 Jerry Gumpert
 SSN: 456-56-3530
 DOB: 02-07-35

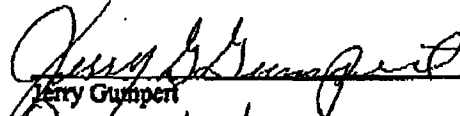

06-01-'06 18:44 FROM-
HAYNES AND BOONE, LLP

T-128 P091/106 F-837

WAIVER OF CONFIDENTIALITY

I hereby authorize the law firm of Haynes and Boone, LLP to request the release from the Texas Workforce Commission any and all information concerning any of my worker's compensation claims or files which may be protected by any provisions of Article 8307, Section 9a, Texas Revised Civil Statutes, as amended.

This Waiver of Confidentiality is given solely to and for the use of Haynes & Boone, L.L.P.


Jerry Gumpert

Print or Type Name

456-56-3530
Social Security Number

502 BRIAN DR.
GRAND PRAIRIE, TX
75052
Print or Type Street Address

Date of Application

THE STATE OF TEXAS §
 §
COUNTY OF _____ §

Before me, the undersigned authority, on this day personally appeared Jerry Gumpert, known to me to be the person whose name is subscribed to the foregoing instrument, and who, after being by me duly sworn, upon his oath states that same was executed for the purposes therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME on this ____ day of _____, 2006.

Signature of Notary Public

06-01-'06 18:45 FROM-

T-128 P092/106 F-837

Form 4506 (Rev. November 2003) Department of the Treasury Internal Revenue Service	Request for Copy of Tax Return <p>Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2. Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.</p>	OMB No. 1545-0049
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Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a Tax Return Transcript for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, if you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first. Jerry Gumpert	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

Michael A. McCabe
 Haynes and Boone LLP
 901 Main Street, Suite 3100, Dallas, Texas 75203

Caution: If a third party requires you to complete Form 4506, do not sign Form 4506 if lines 5 and 7 are blank.

6 Tax return requested (Form 1040, 1120, 991, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. **File(s) 1999**

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

12 / 31 / 2005	12 / 31 / 2004	12 / 31 / 2003	12 / 31 / 2002
12 / 31 / 2001	/ /	/ /	/ /

8 Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

a Cost for each return	\$ 39.00
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

Sign Here Signature (see instructions) _____ Date _____ Title (if line 1a above is a corporation, partnership, estate, or trust) _____ Taxpayer's signature _____ Date _____	Telephone number of taxpayer on line 1a or 2a _____
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For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 41721E Form 4506 (Rev. 11-0008)

06-01-'06 18:45 FROM-
MAYHEW AND DOONE, LLP 3/20/2000 12:11 FROM 3/20/01 DOONE

T-128 P093/106 F-837

VA/SSA Records to be Disclosed		Form Approved GSA GEN. REG. NO. 2700-0001
NAME (First, Middle, Last)		
SSN		Disclosed by (initials)

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT *All my medical records, also education records and other information related to my ability to perform tasks. This includes specific permission to release:*

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) (including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 44 CFR 164.501)
 - Drug abuse, detoxification, or other substance abuse
 - State cell records
 - Records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS); and tests for HIV.
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and declare or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the sources to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

If not signed by subject of disclosure, specify basis for authority to sign

INDIVIDUAL, authorizing disclosure

☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

SIGN

(Personal guardian/personal representative sign here if two signatures required by State law)

Date Signed

Street Address

Phone Number (with area code)

City

State

ZIP

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

SIGN

Phone Number (or Address)

Phone Number (or Address)

This personal and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 (76FRA); 45 CFR parts 160 and 164; 42 U.S. Code section 1395b-2; 43 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.676; 38 U.S. Code section 1233g (PERMA); 34 CFR parts 89 and 302; and State law.

Form SSA-827 (1-2000) of (06-2005) Use 2-2003 and Later Editions Until Supply is Exhausted

Page 1 of 2

06-01-'06 18:46 FROM-

RAYING AND DOING, LLP 7/20/2000 12:11

FROM 7/20/01

PAGES

T-128 P094/106 F-837

Form 4506 (Rev. 11-2005)

Page 2

General Instructions*Section references are to the Internal Revenue Code.*

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 6.

How long will it take? It may take up to 30 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

Make. If you are requesting more than one return and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont

Mail to the "Internal Revenue Service" at:
RAVBS Team
310 Lowell St.
Stop 879
Andover, MA 01810

Alabama, Delaware, Florida, Georgia, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia

RAVBS Team
4800 Buford Hwy.
Stop 81
Columbus, GA 31904

Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia

RAVBS Team
3881 South
International Hwy.
Stop 6715 AUSC
Austin, TX 78761

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming

RAVBS Team
9045 E. Butler Ave.
Stop 38701
Fremont, CA 94727

Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin

RAVBS Team
2325 E. Lawrence Road
Stop 6708-041
Kansas City, MO 64185

New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address

RAVBS Team
OP 1858E
Philadelphia, PA 19265-0885

Chart for all other returns

If you filed in or your business was in:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming

Mail to the "Internal Revenue Service" at:

RAVBS Team
P.O. Box 5841
Mail Stop 6784
Ogden, UT 84403

Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin

RAVBS Team
P.O. Box 145508
Stop 8800 r
Cincinnati, OH 45280

A foreign country, or A.P.O. or F.P.O. address

RAVBS Team
OP 1858E
Philadelphia, PA 19265-0885

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 1b. If you completed line 6 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

Joint returns. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and endorsed by the secretary or other officer.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(a) if the taxpayer has died, is incompetent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 3. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested records under the Internal Revenue Code. We need this information to properly identify the returns and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include: giving it to the Department of Justice for civil and criminal litigation, and state, state, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time for: Learning about the law or the form, 10 min.; Preparing the form, 15 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Procedure Coordinating Committee, SEW/CAR/MPT/TFP, 1111 Constitution Ave. NW, IR-6404, Washington, DC 20544. Do not send the form to this address. Instead, see where to file on this page.

06-01-'06 18:47 FROM-

T-128 P095/106 F-837

MAYNES AND DOUGLAS, LLP 7/20/2006 12:11 FROM: MAYNES AND DOUGLAS, LLP

Explanation of Form SSA-827.**"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1225.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(e)(3)(H)(i), 1631(d)(1) and 1631 (a)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1993. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1313. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

06-01-'06 18:48 FROM-

T-128 P096/106 F-837

RAYNES AND BURNS, LLP 4/20/2006 12:11 PM 10/01/2006

SUBSCRIBED AND SWORN TO before me, the undersigned authority, by the said Jerry Gumpert

[Check one:]

personally known to me;
proved to me on the oath of _____ who is a credible witness
personally known to me; or
proved to me through the following current identification card or other document issued
by the federal government or any state government containing the photograph and
signature of the acknowledging person: _____

Given under my hand and seal of office on this _____ day of _____, 2006.

NOTARY PUBLIC

(Print Name)

My Commission Expires: _____

06-01-'06 18:49 FROM-

T-128 P097/106 F-837

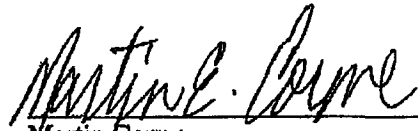
VERIFICATION

STATE OF TEXAS

§
§
§

COUNTY OF _____

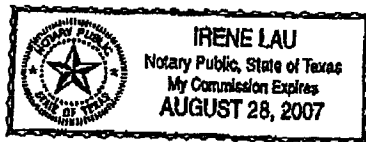
Before me, the undersigned Notary Public, personally appeared Martin Coyne, who, being by me duly sworn, deposed and stated that he is the Plaintiff in this suit and that the facts stated in the answers in the foregoing Plaintiff Martin Coyne's Response to Defendant ABF Freight System, Inc.'s First Set of Interrogatories are within his personal knowledge and are true and correct.

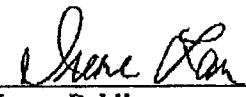


Martin Coyne

SUBSCRIBED AND SWORN TO BEFORE ME this 1st day of

June, 2006





Notary Public

06-01-'06 18:49 FROM-

T-128 P098/106 F-837

WHERE Records to be Disclosed		Form Approved SSA Form 100-0001
NAME (First, Middle, Last) Martin E. Coyne		
SSN	DOB	Signature Date
345-40-0589	02/21/55	[Signature]

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT *All my medical records, also education records and other information related to my ability to perform tasks. This includes specific permission to release:*

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (includes "psychotherapy notes" as defined in 42 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Genetic test results
 - Records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS); and tests for HIV.
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, education treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

TO WHOM

The Social Security Administration and to the State agency authorized to process my claim (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

- ☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both sides of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY IF not signed by subject of disclosure, specify basis for authority to sign

INDIVIDUAL authorizing disclosure

SIGN *Martin E. Coyne*

☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

(For personal representative sign here if two signatures required by State law)

Date Signed

Street Address
1112 County Rd. 350

Phone Number (with area code)

972-563-6279

City

Terrell

State

TX

Zip

75101

WITNESS

I know the person signing this form or am satisfied of this person's identity.

SIGN

Phone Number (or Address)

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-181 (HIPAA); 42 CFR parts 162 and 164; 42 U.S. Code section 290c-2; 42 CFR part 2; 38 U.S. Code section 7352; 38 CFR 1.478; 38 U.S. Code section 1232a (FESPA); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (1-2005) or (06-2006) Use 2-2006 and Later Editions Until Supply is Exhausted

Page 1 of 2

06-01-'06 18:49 FROM-
PAYEEB AND BOUNG, LLP 7/20/2006 12:17 PM 01/01 01/01

T-128 P099/106 F-837

Explanation of Form SSA-827.**"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(a)(5)(A), 1614(a)(3)(D)(i), 1631(d)(1) and 1631 (a)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21233-6401. Send only comments relating to our time estimate to this address, not the completed form.

06-01-'06 18:50 FROM-
HAYNES AND BOONS, LLP 3/20/2006 12:11

T-128 P100/106 F-837

WAIVER OF CONFIDENTIALITY

I hereby authorize the law firm of Haynes and Boons, LLP to request the release from the Texas Workforce Commission any and all information concerning any of my worker's compensation claims or files which may be protected by any provisions of Article 8307, Section 9a, Texas Revised Civil Statutes, as amended.

This Waiver of Confidentiality is given solely to and for the use of Haynes & Boons, L.L.P.

Martin E. Coyne
Martin Coyne
MARTIN E. COYNE
Print or Type Name

Social Security Number

Print or Type Street Address

Date of Application

THE STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared Martin Coyne, known to me to be the person whose name is subscribed to the foregoing instrument, and who, after being by me duly sworn, upon his oath states that same was executed for the purposes therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME on this ____ day of _____, 2006.

Signature of Notary Public

06-01-'06 18:51 FROM-

T-128 P101/106 F-837

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM INSURANCE RECORDS**

TO: Custodian of Records of all insurance companies who have knowledge of any claim filed by, or on behalf of
Martin Coyne, SSN: _____, DOB _____; for insurance benefits.

I hereby authorize you to release all information from your files regarding any claim I made for insurance benefits, to include any records with respect to my physical/mental condition, past, present, and future, in accordance with the terms of this release to Haynes and Boone, LLP, or any person bearing this authorization on behalf of Haynes and Boone, LLP.

A. Insurance Benefit Information or Medical Records to be Covered by this Release:

I authorize you to release any and all records regarding any claim for insurance benefits since January 1, 1997, including, but not limited to, the following:

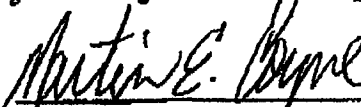
1. Any and all applications for benefits;
2. Any and all letters, notes or statements regarding benefits or benefits determination(s);
3. Any and all correspondence regarding benefits or benefits determination(s);
4. Any and all records and x-rays which have been provided to or obtained by you in connection with all examinations, diagnosis, prognosis, evaluation and/or treatment given to me for all medical, mental and/or emotional conditions and/or disorders, including, but not limited to, psychological or psychiatric evaluations; family counseling information; admission summaries; discharge summaries; medical histories; physical examinations; x-ray & lab reports; physician's orders and/or notes; nurse's notes; aftercare plan; drugs prescribed; and financial information;
5. Any and all medical or other evaluations regarding my physical/mental condition made or caused to be made by the insurance company;
6. Any and all determinations regarding my entitlement for benefits;
7. Any and all records appealing a determination(s); and
8. Any and all records indicating the payment of benefits.

B. Reasons or Purpose for Release:

This consent is subject to revocation at any time in the form of written notice from me, except to the extent that action has been taken and reliance thereon, or without revocation, will expire upon judicial closure of the litigation captioned, *Jerry Gumpert and Martin Coyne v. ABF Freight System, Inc. Barry Seary, Thomas Walker, Robert Grinn, George Warren, Perry Wayne Middlebrook, Richard Crawford, Richard Fliss, Daniel Nankwitz, and Richard Martin*. The disclosed information may be subject to redisclose or other disclosures by the recipient during the course, and for use, in said captioned litigation only. Other use is forbidden.

A photostatic copy of this authorization will have the same validity as the original.

I understand the benefits as well as the disadvantages of releasing information and I do give my consent freely and voluntarily.



Martin Coyne
SSN: _____
DOB: _____

06-01-'06 18:52 FROM-
MAYNARD AND BURNS, LLP 3/20/2006 12:11 PM 02/01 000000

T-128 P102/106 F-837

SUBSCRIBED AND SWORN TO before me, the undersigned authority, by the said Martin Coyne:

[Check one:]

personally known to me;
proved to me on the oath of _____ who is a credible witness
personally known to me; or
proved to me through the following current identification card or other document issued
by the federal government or any state government containing the photograph and
signature of the acknowledging person: _____

Given under my hand and seal of office on this _____ day of _____, 2006.

NOTARY PUBLIC

(Print Name)

My Commission Expires: _____

06-01-'06 18:52 FROM-
Haynes and Boone, LLP 4/25/2006 12:11 PAGE 00/01 001125

T-128 P103/106 F-837

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM EMPLOYMENT, PAYROLL & PERSONNEL RECORDS**

TO: Custodians of Records who have employed, or otherwise have custody of records pertaining to, Martin Coyne, SSN: _____, DOB: _____, whether on a part-time, full time, temporary or regular basis.

This will be your authorization to release any and all information from my personnel, employment, and payroll records, past and present, in accordance with the terms of this release to Haynes and Boone, LLP, or any person bearing this authorization on behalf of Haynes and Boone, LLP.

A. Information or Records to be Covered by this Release:

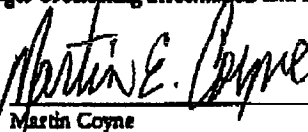
Please release any and all employment and unemployment records, including but not limited to, my job application form or resume, offers of employment, employment agreements or contracts; all forms & records related to my employment; records showing earnings paid to me during my employment; my performance review; and my termination report.

B. Reasons or Purpose for Release:

This information may be released for use in the litigation captioned, *Jerry Gumpert and Martin Coyne v. ADP Freight System, Inc. Barry Seery, Thomas Walker, Robert Graves, George Warren, Perry Wayne Middlebrook, Richard Crawford, Richard Furr, Daniel Neunkastler, and Richard Martinez*. Other use is forbidden.

A photostatic copy of this authorization will have the same validity as the original.

I understand the benefits as well as the disadvantages of releasing information and I do give my consent freely and voluntarily.


Martin Coyne

SUBSCRIBED AND SWORN TO before me, the undersigned authority, by the said Martin Coyne:

(Check one)

- ☐ personally known to me;
☐ proved to me on the oath of _____ who is a credible witness
 personally known to me; or
☐ proved to me through the following current identification card or other document issued by the federal government or any state government containing the photograph and signature of the acknowledging person: _____

Given under my hand and seal of office on this _____ day of _____, 2006.

NOTARY PUBLIC

My Commission Expires: _____

06-01-'06 18:52 FROM-

T-128 P104/106 F-837

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM MEDICAL AND PSYCHIATRIC RECORDS**

TO: All physicians, psychiatrists, psychologists, counselors, mental health care providers, and pharmacies who have examined, tested, counseled, treated, x-rayed, or prescribed or provided prescription drugs to, Martin Coyne, SSN: _____, DOB: _____, as well as, all hospitals, clinics, or institutions in which Martin Coyne has been a patient, whether admitted or on an outpatient basis:

This will be your authorization to release all information from my medical records since January 1, 2000 with respect to my physical/mental condition, past, present, and future, in accordance with the terms of this release to Haynes and Boone, LLP, or any person bearing this authorization on behalf of Haynes and Boone, LLP:

A. Information or Medical Records to be Covered by this Release:

Please release any and all records and x-rays which have been made in connection with all examinations, diagnosis, prognosis, evaluation and/or treatment given to me for all medical, mental and/or emotional conditions and/or disorders, including, but not limited to, psychological or psychiatric evaluations; family counseling information; admission summaries; discharge summaries; medical histories; physical examinations; x-ray & lab reports; physician's orders and/or notes; nurse's notes; aftercare plan; drugs prescribed; and financial information.

B. Reasons or Purpose for Release:

This consent is subject to revocation at any time in the form of written notice from me, except to the extent that action has been taken and reliance thereon, or without revocation, will expire upon judicial closure of the litigation captioned, *Jury Guilt and Martin Coyne v. ABF Freight System, Inc. Barry Searcy, Thomas Walker, Robert Gravis, George Warren, Perry Wayne Middlebrook, Richard Crawford, Richard Pflus, Daniel Neuenhauer, and Richard Martinez*. The disclosed information may be subject to redisclose or other disclosures by the recipient during the course, and for use, in said captioned litigation only. Other use is forbidden.

A photostatic copy of this authorization will have the same validity as the original.

I understand the benefits as well as the disadvantages of releasing information and I do give my consent freely and voluntarily.


Martin Coyne

SUBSCRIBED AND SWORN TO before me, the undersigned authority, by the said Martin Coyne:

[Check one:]

personally known to me;
proved to me on the oath of _____ who is a credible witness
personally known to me; or
proved to me through the following current identification card or other document issued by the federal government or any state government containing the photograph and signature of the acknowledging person: _____

Given under my hand and seal of office on this _____ day of _____, 2006.

NOTARY PUBLIC

My Commission Expires: _____

06-01-'06 18:53 FROM-

T-128 P105/106 F-837

Patient's Name: MARTIN E. COYNE

Social Security No.: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

I hereby authorize _____
 to disclose my individually identifiable health information as described below, which may include
 information concerning Human Immunodeficiency Virus ("HIV") or Acquired Immunodeficiency
 Syndrome ("AIDS"), mental illness (except for psychotherapy notes), chemical or alcohol
 dependency, laboratory test results, medical history, treatment, or any other such related information.
 I hereby authorize the above-named health care provider to disclose records obtained in the course
 of my evaluation and/or treatment, and to send them by U.S. mail service and/or electronic facsimile
 to:

ROBERT E. GOODMAN, JR.
5956 Sherry Lane, Suite 800
Dallas, Texas 75225-6597
214-368-1765
214-368-3974 Telefax

I understand that Robert E. Goodman, Jr. is not a covered entity, and that the information
 released to it may not be protected thereafter by federal and state privacy regulations. I further
 understand that when the information is used or disclosed pursuant to this authorization, it may be
 subject to re-disclosure by the recipient and may no longer be protected health information.

DATES OF SERVICE: _____

Type of Access Requested:	Copies of Record(s)	Inspection of Record(s)
Medical Records:	Entire Record	Selection(s) of PHI as marked:
Admission Summary	Radiology Reports	Psychological Evaluations
Discharge Summary	Laboratory Reports	Physical Therapy
History & Physical	Physical Evaluations	Emergency Room
Consultative Reports	Psychiatric Evaluations	Clinic Notes
Operative Reports	Diagnosis & Treatment	Other: _____
Billing Records:	UB92	HCFA Form

06-01-'06 18:54 FROM-

T-128 P106/106 F-837

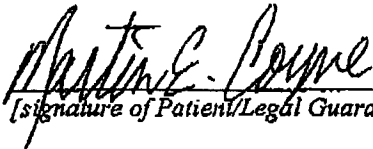
Purpose for release or disclosure of Protected Health Information: Pursuant to Title 45, Part 164, Section 164.508(c)(1)(iv) of the Code of Federal Regulations, I state that the purpose of this disclosure is "at the request of the individual."

I understand that this authorization is voluntary and I may refuse to sign this authorization. I understand that the above named healthcare provider may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I further understand that I have a right to receive a copy of this information. This authorization shall expire 365 days from the date of my signature below. I understand that I may revoke this authorization at any time by notifying the medical provider above in writing. I understand that such written revocation must be signed and must be dated later than the date of this authorization. The revocation will not affect any actions taken before the receipt of the revocation.

It is my express intention that this authorization is given in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191); Title 45, Part 164, Section 164.508 of the Code of Federal Regulations; Subtitle I, Chapter 181 of the Texas Health and Safety Code; §159.005 of the Texas Medical Practice Act; §201.405 of the Texas Occupations Code; §202.406 of the Texas Occupations Code; §258.104 of the Texas Dental Practice Act; Title 22, Part 9, Chapter 165 of the Texas Administrative Code; Title 22, Part 3, Chapter 80 of the Texas of the Texas Administrative Code; Title 22, Part 5, Chapter 108 of the Texas Administrative Code; and Title 22, Part 18, Chapter 375 of the Texas Administrative Code.

A copy or facsimile of this authorization is as valid as the original.

I have read the above, or have had it read to me, and authorize the disclosure of the Protected Health Information as stated.


[signature of Patient/Legal Guardian or Representative*]

[Date]

[signature of Witness]

[Date]

* If signed by other than patient, indicate relationship and a description of your authority to act for the patient:

2

CAUSE NO. DC05-12540-H

JERRY GUMPERT and
MARTIN COYNE

IN THE DISTRICT COURT OF

VS.

DALLAS COUNTY, TEXAS

ABF FREIGHT SYSTEM, INC.,
BARRY SIRCY, TOMMY WALKER,
ROBERT GRAVES, GEORGE WARREN,
PERRY WAYNE MIDDLEBROOK,
RICHARD CRAWFORD, RICHARD
FISER, DAN NOONKESTER,
RICHARD MARTINEZ,
RICHARD PASSMORE and
LEONARD ESNER, JR.

160TH JUDICIAL DISTRICT

PLAINTIFFS' RESPONSE TO ALL INDIVIDUAL DEFENDANTS'
REQUEST FOR RULE 194 DISCLOSURE

Plaintiffs respond to all Individual Defendants' request for Rule 194 Disclosure as follows:

REQUEST NO. 1:

The correct names of the parties to the lawsuit.

RESPONSE:

Plaintiffs:

Jerry Gumpert
Marty Coyne

Defendants:

ABF Freight System, Inc.
Barry Sircy
Tommy Walker
Robert Graves
George Warren

PLAINTIFFS' RESPONSE TO ALL INDIVIDUAL DEFENDANTS'
REQUEST FOR RULE 194 DISCLOSURE – Page 1

Individual Defts £ 5

531

Perry Wayne Middlebrook
Richard Crawford
Richard Fiser
Dan Noonkester
Richard Martinez
Richard Passmore
Leonard Esner, Jr.

REQUEST NO. 2:

The name, address and telephone number of any potential parties.

RESPONSE:

None.

REQUEST NO. 3:

The legal theories and, in general, the factual bases of Plaintiff's claims or defenses.

RESPONSE:

Plaintiffs have been subjected to libel, to sexual harassment in the nature of a hostile working environment and to retaliation in violation of Title VII of the Civil Rights Act of 1964 and the Texas Labor Code.

REQUEST NO. 4:

The amount and any method of calculating economic damages, if any, asserted by Plaintiff.

RESPONSE:

Lost income related to effect of emotional distress to curtail number of driving opportunities taken by Plaintiffs estimated by comparison of 2006 wages to 2005 wages to date: as much as \$10,000 per Plaintiff.

REQUEST NO. 5:

The name, address and telephone number of persons having knowledge of relevant facts, and a brief statement of each identified person's connection with the case.

RESPONSE:

Jerry Gumpert
502 Bryan Drive
Grand Prairie, Texas 75052
(972) 642-4027
Plaintiff

Marty Coyne
11112 Country Road 350
Terrell, Texas 75161
(972) 563-6299
Plaintiff

Barry Sircy
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Tommy Walker
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Robert Graves
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

George Warren
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Perry Wayne Middlebrook
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Richard Crawford
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Richard Fiser
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Dan Noonkester
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Richard Martinez
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Richard Passmore
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

Leonard Esner, Jr.
c/o Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226
(214) 939-9228
Defendant and co-worker

ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688-0448
Defendant and Plaintiffs' employer

George Burks
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688-0448
Long haul supervisor at Defendant ABF

Skip Sweeten
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688-0448
Safety supervisor at Defendant ABF

A.J. Phillips
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Regional Vice President for Defendant ABF

Ken Bryan
c/o Teamsters Local 745
1007 Jonelle St.
Dallas Texas 75217
(214) 398-0661
Union President associated with Defendant ABF

John Evans
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' terminal manager for Defendant ABF

Daniel Pace
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' co-worker

John Williams
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' co-worker

Tom Smith
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' co-worker

Oliver Wells
c/o ABF Freight System, Inc.
4242 Irving Blvd.
Dallas, Texas 75242
(214) 688- 0448
Plaintiffs' co-worker

Dr. Richard Schmitt
900 W. Mitchell Street
Arlington, Texas 76013
(817) 792-3385
Plaintiffs' medical provider

Dr. Sherril Durbin
319 Osler Dr. Ste 160
Arlington, Texas 76010
Plaintiff Gumpert's medical provider

Dr. James Saalfield
1001 North Waldrop Drive, Ste 708
Arlington, Texas 76012
Plaintiff Gumpert's medical provider

Dr. Kanani Harini
410 Pinson Rd.
Forney, Texas 75126
(972) 564-9380
Plaintiff Coyne's medical provider

Dr. Sheikha Sabri
2305 Ridge Ste 101
Rockwall, Texas 75087
(972) 772-3630
Plaintiff's Coyne former medical provider

REQUEST NO. 6:

For any testifying expert:

1. The expert's name, address, and telephone number;
2. The subject matter on which the expert will testify;

3. The general substance of the expert's mental impressions and opinions and a brief summary of the basis of them, or if the expert is not retained by, employed by, or otherwise subject to the control of Plaintiff, documents reflecting such information.
4. If the expert is retained by, employed by, or otherwise subject to the control of Plaintiff:
 - a. All documents, tangible things, reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for the expert in anticipation of the expert's testimony; and
 - b. The expert's current resume and bibliography.

RESPONSE:

1. Dr. Richard Schmitt
900 W. Mitchell Street
Arlington, Texas 76013
(817) 792-3385
2. Effect of Defendants' conduct on Plaintiffs
3. Plaintiffs suffered emotional distress and other adverse psychological effects of Defendants' conduct
4.
 - a. Medical records or authorization to be provided.
 - b. Any curriculum vitae maintained by Dr. Schmitt to be provided.

REQUEST NO. 7:

Any discoverable indemnity and insuring agreements.

RESPONSE:

None.

PLAINTIFFS' RESPONSE TO ALL INDIVIDUAL DEFENDANTS'
REQUEST FOR RULE 194 DISCLOSURE - Page 8

REQUEST NO. 8:

Any discoverable settlement agreement.

RESPONSE:

None.

REQUEST NO. 9:

Any discoverable witness statement.

RESPONSE:

None.

REQUEST NO. 10:

All medical records and bills reasonably related to the injuries or damages that is the subject of the case or an authorization permitting the disclosure of such medical records and bills.

RESPONSE:

Authorization provided.

REQUEST NO. 11:

All medical records and bills obtained by Defendants by virtue of an authorization obtained from Plaintiff.

RESPONSE:

Not applicable.

Respectfully submitted,



Robert E. Goodman, Jr.
State Bar No. 08158100

5956 Sherry Lane, Suite 800
Dallas, Texas 75225-6597
(214) 368-1765
(214) 368-3974 (telecopy)

Carl David Adams
TSB No. 00850600
The Law Offices of Carl David Adams
Twin Sixties Tower
6060 North Central Expressway
Suite 690
Dallas, Texas 75206
(214) 691-6622
(214) 691-2984 (telecopy)

COUNSEL FOR PLAINTIFFS

CERTIFICATE OF SERVICE

I certify that on the 31st day of May, 2006, I served a copy of the
above document by telecopy to the following counsel for Defendants:

By Telecopy 214.651.5940

William C. Strock
Michael A. McCabe
Haynes and Boone, L.L.P.
901 Main Street, Suite 3100
Dallas, Texas 75202

By Telecopy 214.939.9229

Genice A.G. Rabe
3301 Elm Street
Dallas, Texas 75226



Robert E. Goodman, Jr.

3

Martin Coyne

Page 1

NO. 05-12540

JERRY GUMPERT and MARTIN) IN THE DISTRICT COURT
COYNE,)

Plaintiffs,)

vs.)

ABF FREIGHT SYSTEMS, INC.,)

BARRY SIRCY, TOMMY WALKER,) DALLAS COUNTY, TEXAS

ROBERT GRAVES, GEORGE)

WARREN, PERRY WAYNE)

MIDDLEBROOK, RICHARD)

CRAWFORD, RICHARD FISER,)

DAN NOONKESTER, RICHARD)

MARTINEZ, RICHARD PASSMORE)

and LEONARD ESNER, JR.,)

Defendants.) 160TH JUDICIAL DISTRICT

ORAL AND VIDEOTAPED DEPOSITION OF
MARTIN COYNE

June 8th, 2006

Volume 1

ORAL AND VIDEOTAPED DEPOSITION of MARTIN
COYNE, produced as a witness at the instance of the
Defendants, and duly sworn, was taken in the
above-styled and numbered cause on June 8th, 2006, from
9:36 a.m. to 5:39 p.m., before Jerry L. Callaway, CSR
in and for the State of Texas, reported by machine
shorthand, at the offices of Haynes and Boone, LLP, 901

Page 2

1 Main Street, Suite 3100, in Dallas, Dallas County,
2 Texas, pursuant to the Texas Rules of Civil Procedure
3 and the provisions stated on the record or attached
4 hereto.

5
6 APPEARANCES

7 APPEARING FOR THE PLAINTIFFS:

8 Mr. Carl David Adams
9 THE LAW OFFICES OF CARL DAVID ADAMS
10 Twin Sixties Tower, Suite 690
11 6060 North Central Expressway
12 Dallas, Texas 75206

13 APPEARING FOR THE DEFENDANT ABF FREIGHT SYSTEM, INC.:

14 Mr. Michael A. McCabe
15 HAYNES AND BOONE, LLP
16 901 Main Street, Suite 3100
17 Dallas, Texas 75202

18 APPEARING FOR INDIVIDUAL DEFENDANTS

19 Ms. Genice A. G. Rabe
20 3301 Elm Street
21 Dallas, Texas 75226

22 ALSO APPEARING:

23 Mr. Jerry Gumpert
24 Mr. Richard Spearman, Corporate Counsel ABF
25 Mr. Barry Sircy
Mr. Tommy Walker
Mr. Robert Graves
Mr. George Warren
Mr. Richard Crawford
Mr. Richard Martinez
Mr. Richard Passmore
Mr. Leonard Esner, Jr.
Ms. Sandra Barnett, Paralegal
Ms. Laurie L. Burgess, Videographer

Page 4

1 Q. And what is your date of birth, sir?

2 A. February 21, 1955.

3 Q. My name is Genice Rabe, and I represent the
4 eleven individual defendants that you have sued, Barry
5 Sircy, Tommy Walker, Robert Graves, George Warren,
6 Perry Wayne Middlebrook, Richard Crawford, Richard
7 Fiser, Dan Noonkester, Richard Martinez, Richard
8 Passmore, and Leonard Esner, Jr.

9 Mr. Coyne, have you had an opportunity to
10 discuss the rules and the deposition procedure with
11 your attorney?

12 A. I visited with my attorney.

13 Q. About the deposition and the rules?

14 A. Yes.

15 Q. You understand that you are under oath and
16 that this deposition is just like being in court?

17 A. Yes, ma'am.

18 Q. Have you ever had your deposition taken
19 before?

20 A. Yes, ma'am.

21 Q. When was that?

22 A. I believe -- I'm not correct on the date, but
23 I think it was 2001.

24 Q. And why did you have your deposition taken in
25 2001?

Page 3

1 P-R-O-C-E-E-D-I-N-G-S

2 THE VIDEOGRAPHER: Going on the record
3 June 8th, 2006. The time is approximately 9:36 a.m.
4 This is the videotape deposition of Martin Coyne.
5 Would the court reporter please swear in the witness.

6 MARTIN COYNE,
7 having been first duly sworn, testified as follows:

8 MS. RABE: This deposition is taken
9 pursuant to the Texas Rules of Civil Procedure and this
10 court's order of May 23, 2006. Is that correct,
11 Mr. Adams?

12 MR. ADAMS: That's fine. The only
13 agreement I'd like to make is that the witness be given
14 a chance to read and sign the deposition, but if it's
15 not read and signed at the time of any hearing, an
16 unsigned copy can be used anyway.

17 MR. MCCABE: Agreed.

18 MS. RABE: Fine.

19 EXAMINATION

20 BY MS. RABE:

21 Q. Would you please give your name, sir?

22 A. Martin Coyne.

23 Q. And what is your address?

24 A. 11112, four 1s and a 2, County Road 350,
25 Terrell, Texas 75161.

Page 5

1 A. There were 17 families involved in a rock pit
2 lawsuit.

3 Q. And were you a plaintiff or a defendant in
4 that lawsuit?

5 A. We were suing them.

6 Q. So you were a plaintiff, correct?

7 A. Yes, ma'am.

8 Q. And who did you sue?

9 A. Martin Marietta.

10 Q. And where did you sue them?

11 A. Kaufman County.

12 Q. And what was the result of that lawsuit?

13 A. We lost in court.

14 Q. And did you appeal?

15 A. No.

16 Q. Just a couple things about your deposition
17 today. I would appreciate it if you would let me
18 finish a question before you answer, and I will try to
19 do the same for you. Is that agreeable?

20 A. Yes, ma'am.

21 Q. The other thing that is necessary is that you
22 make verbal responses. Is that agreeable?

23 A. Yes, ma'am.

24 Q. Is there any reason that you are incapable of
25 having your deposition taken today?

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1 didn't we?
 2 A. Yes.
 3 Q. And you don't know if he was talking about the
 4 charge of discrimination or not, do you?
 5 A. I don't have any idea.
 6 Q. Okay. Mr. Coyne, when you filed a charge of
 7 retaliation against ABF. You are saying that you filed
 8 a charge of discrimination, Exhibit 17, you are saying
 9 I filed a charge of discrimination -- well, I am not
 10 exactly sure what it is you are saying.
 11 I just want to know if there is
 12 anything -- any conduct in the workplace, anything that
 13 happened to you that you don't like and that you think
 14 was in retaliation for something that you did do or
 15 didn't do at ABF?
 16 A. I don't know of any.
 17 Q. Okay.
 18 MR. MCCABE: Do you want to take a break
 19 until tomorrow?
 20 MR. ADAMS: Yeah. We have agreed to come
 21 back at 10:00 in the morning.
 22 THE VIDEOGRAPHER: Off the record.
 23
 24
 25

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1 CHANGES AND SIGNATURE
 2 WITNESS: MARTIN COYNE DATE OF DEPO: 6/8/2006
 3 PAGE LINE CHANGE REASON
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____
 10 _____
 11 _____
 12 _____
 13 _____
 14 _____
 15 _____
 16 _____
 17 _____
 18 _____
 19 _____
 20 _____
 21 _____
 22 _____
 23 _____
 24 _____
 25 _____

Page 244

1 I, MARTIN COYNE, have read the foregoing
 2 deposition and hereby affix my signature that same is
 3 true and correct, except as noted above.
 4
 5
 6 MARTIN COYNE
 7
 8 THE STATE OF _____)
 9 COUNTY OF _____)
 10 Before me, _____, on this
 11 day personally appeared MARTIN COYNE, known to me (or
 12 proved to me under oath or through _____)
 13 (description of identity card or other document) to be
 14 the person whose name is subscribed to the foregoing
 15 instrument and acknowledged to me that they executed
 16 the same for the purposes and consideration therein
 17 expressed.
 18 Given under my hand and seal of office
 19 this _____ day of _____, _____.
 20
 21
 22 NOTARY PUBLIC IN AND FOR
 23 THE STATE OF _____
 24
 25

Page 245

1 NO. 05-12540
 2 JERRY GUMPert and MARTIN) IN THE DISTRICT COURT
 3 COYNE,)
 4 Plaintiffs,)
 5 vs.)
 6 ABF FREIGHT SYSTEMS, INC.,)
 7 BARRY SIRCY, TOMMY WALKER,)
 8 ROBERT GRAVES, GEORGE) DALLAS COUNTY, TEXAS
 9 WARREN, PERRY WAYNE)
 10 MIDDLEBROOK, RICHARD)
 11 CRAWFORD, RICHARD FISER,)
 12 DAN NOONKESTER, RICHARD)
 13 MARTINEZ, RICHARD PASSMORE)
 14 and LEONARD ESNER, JR.,)
 15 Defendants.) 160TH JUDICIAL DISTRICT
 16 REPORTER'S CERTIFICATION
 17 DEPOSITION OF MARTIN COYNE
 18 Volume 1
 19 June 8th, 2006
 20 I, Jerry L. Callaway, RDR, Certified
 21 Shorthand Reporter in and for the State of Texas, do
 22 hereby certify to the following:
 23 That the witness, MARTIN COYNE, was duly
 24 sworn by the officer and that the transcript of the
 25 oral deposition is a true record of the testimony given
 by the witness;
 That the deposition transcript was
 submitted on June 14th, 2006, to the witness or to the
 attorney for the witness for examination, signature and
 return to me in 20 days pursuant to Rule 203.1(b) or
 agreement;
 That the amount of time used by each

Page 246

1 party at the deposition is as follows:

2 Mr. Michael A. McCabe - 2:33
3 Ms. Genice A.G. Rabe - 3:40

4 That pursuant to the information given to
5 the deposition officer at the time said testimony was
6 taken, the following includes counsel for all parties
7 of record:

8 Mr. Carl David Adams, Attorney for Plaintiffs
9 Mr. Michael A. McCabe, Attorney for Defendant ABF
10 Ms. Genice A.G. Rabe, Attorney for Individual
11 Defendants

12 I further certify that I am neither
13 counsel for, related to, nor employed by any of the
14 parties or attorneys in the action in which this
15 proceeding was taken, and further that I am not
16 financially or otherwise interested in the outcome of
17 the action.

18 Further certification requirements
19 pursuant to Rule 203 of TRCP will be certified to after
20 they have occurred.

21 Certified to by me this 14th day of June,
22 2006.

23 Jerry L. Callaway, RDR, CSR 948
24 Expiration Date: 12/31/2006
25 Firm Registration No. 209
5220 Renaissance Tower
1201 Elm Street
Dallas, Texas 75270
(214) 855-5300

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1 FURTHER CERTIFICATION UNDER RULE 203 TRCP

2 The original deposition was/was not
3 returned to the deposition officer on _____;

4 If returned, the attached Changes and
5 Signature page contains any changes and the reasons
6 therefor;

7 If returned, the original deposition was
8 delivered to Michael A. McCabe, Custodial Attorney;

9 That \$ _____ is the deposition
10 officer's charges one-half to the Defendant ABF and
11 one-half to the Individual Defendants for preparing the
12 original deposition transcript and any copies of
13 exhibits;

14 That the deposition was delivered in
15 accordance with Rule 203.3, and that a copy of this
16 certificate was served on all parties shown herein on
17 _____ and filed with the Clerk.

18 Certified to by me this _____ day of
19 _____,
20 _____.

21 Jerry L. Callaway, RDR, CSR 948
22 Expiration Date: 12/31/2006
23 Firm Registration No. 209
24 5220 Renaissance Tower
25 1201 Elm Street
Dallas, Texas 75270
(214) 855-5300

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8 EXHIBITS

9 Ex #	Description	Pg	Ln
10	INDIVIDUAL DEFENDANTS' EXHIBITS		
11 1	Notice of Videotape Deposition of	6	21
12	Martin Coyne		
13 2	Order regarding the length of the	7	3
14	plaintiff's deposition		
15 3	Plaintiffs' Fifth Amended Original	7	16
16	Petition		
17 4	Plaintiffs' Responses to All	7	19
18	Individual Defendants' Requests For		
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1 11	Coyne bankruptcy filing	115	19
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10 3	Document entitled "Monkeybone	139	6
11	Publishing, Proudly Present We Truck		
12	in Tandem		
13 4	Document entitled "Ratsnitch, Inc "	143	11
14 5	Document beginning "My Dearest	146	1
15	Darling Roberta"		
16 6	Document beginning "New From	147	6
17	Monkeytronics"		
18 7	Document entitled "The Box Score,	148	22
19	The 745 Horse Heads Remain		
20	Undefeated"		
21 8	Handwritten pages from a notebook,	151	14
22	entitled by handwriting		
23	"Banana-Eating Piece of Shit"		
24 9	Document entitled Picnic & Benefit	156	21
25	for Big Monkey and Squeezebox Legal		
	Defense Fund with handwritten notes		
	"Special Special Appearance "		
	10 Document entitled Picnic & Benefit	156	0
	for Big Monkey and Squeezebox Legal		
	Defense Fund without handwritten		
	notes		
	11 Document entitled Picnic & Benefit	156	0
	for Big Monkey and Squeezebox Legal		
	Defense Fund with handwritten notes		
	"Horsefly "		

NO. 05-12540

JERRY GUMPERT and MARTIN) IN THE DISTRICT COURT
COYNE,)

Plaintiffs,)

vs.)

ABF FREIGHT SYSTEMS, INC.,)

BARRY SIRCY, TOMMY WALKER,) DALLAS COUNTY, TEXAS

ROBERT GRAVES, GEORGE)

WARREN, PERRY WAYNE)

MIDDLEBROOK, RICHARD)

CRAWFORD, RICHARD FISER,)

DAN NOONKESTER, RICHARD)

MARTINEZ, RICHARD PASSMORE)

and LEONARD ESNER, JR.,)

Defendants.) 160TH JUDICIAL DISTRICT

ORAL AND VIDEOTAPED DEPOSITION OF

MARTIN COYNE

June 9th, 2006

Volume 2

ORAL AND VIDEOTAPED DEPOSITION of MARTIN
COYNE, produced as a witness at the instance of the
Defendants, and duly sworn, was taken in the
above-styled and numbered cause on June 9th, 2006, from
10:09 a.m. to 5:26 p.m., before Jerry L. Callaway, CSR
in and for the State of Texas, reported by machine
shorthand, at the offices of Haynes and Boone, LLP, 901

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Page 254

1 Main Street, Suite 3100, in Dallas, Dallas County,
2 Texas, pursuant to the Texas Rules of Civil Procedure
3 and the provisions stated on the record or attached
4 hereto.

5 A P P E A R A N C E S

6 APPEARING FOR THE PLAINTIFFS:

7 Mr. Carl David Adams
8 THE LAW OFFICES OF CARL DAVID ADAMS
9 Twin Sixties Tower, Suite 690
10 6060 North Central Expressway
11 Dallas, Texas 75206

12 APPEARING FOR THE DEFENDANT ABF FREIGHT SYSTEM, INC.:

13 Mr. Michael A. McCabe
14 HAYNES AND BOONE, LLP
15 901 Main Street, Suite 3100
16 Dallas, Texas 75202

17 APPEARING FOR INDIVIDUAL DEFENDANTS:

18 Ms. Genice A. G. Rabe
19 3301 Elm Street
20 Dallas, Texas 75226

21 ALSO APPEARING:

22 Mr. Jerry Gumpert
23 Mr. Tommy Walker
24 Mr. Richard Crawford
25 Mr. Richard Martinez
Ms. Sandra Barnett, Paralegal
Ms. Laurie L. Burgess, Videographer

1 A. Yes, sir.

2 Q. As for the questions that I asked you
3 yesterday, Mr. Coyne, is there any part of your
4 testimony that you now want to change or add
5 clarification to?

6 A. No, sir.

7 Q. Yesterday, Mr. Coyne, you told me that it was
8 your understanding that the term "Big Monkey" was some
9 type of reference to the word "pussy." Do you recall
10 that?

11 A. Yes, I do.

12 Q. Where do you get that information from?

13 A. I've heard it from the drivers themselves.

14 Q. Which drivers?

15 A. I cannot tell you at this time, because I
16 don't have it wrote down in my book.

17 Q. When do you think was the first time you heard
18 that from the drivers?

19 A. About ten years ago, roughly.

20 Q. And that word can be a reference to female
21 anatomy, it can be a reference to somebody who is a
22 wimp. Do you know which way that word was meant to be
23 interpreted?

24 A. No, sir.

25 Q. Do you know what it means at all?

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Page 255

1 P-R-O-C-E-E-D-I-N-G-S

2 THE VIDEOGRAPHER: Back on the record.

3 EXAMINATION (CONT'D)

4 BY MR. MCCABE:

5 Q. Good morning, Mr. Coyne.

6 A. Good morning.

7 Q. We are here today for the continuation of the
8 deposition that started yesterday. And do you
9 understand that you are still here pursuant to a notice
10 of deposition we served on your attorneys? Do you
11 understand that you are required to be here, sir?

12 A. Yes, sir.

13 Q. Do you understand that this is a continuation
14 of the deposition that we began yesterday?

15 A. Yes, sir.

16 Q. Okay. Do you understand that you're still
17 testifying under oath as though you were before a judge
18 and a jury?

19 A. Yes, sir.

20 Q. And do you recall the agreements that we
21 reached yesterday about the taking of the deposition,
22 not speaking over one another, asking for clarification
23 to questions; do you recall those agreements?

24 A. Yes, sir, I do.

25 Q. Can you still abide by those agreements?

1 A. What word are you talking about?

2 Q. The word "pussy."

3 A. That's supposed to belong to a woman.

4 Q. Do you know of any other interpretations to
5 that word?

6 A. No, I don't.

7 Q. What about a wimp, a guy that's not strong,
8 have you ever heard it used that way?

9 A. Yes, I have.

10 Q. Have you ever heard it used any other ways?

11 A. No, sir.

12 Q. Have you ever argued with your coworkers at
13 ABF about altering your logbook?

14 A. I -- rephrase that?

15 Q. Have you ever gotten into an argument with any
16 of your codrivers at ABF about allegations that you
17 have altered your logbook?

18 A. Mr. Walker.

19 Q. When did that occur?

20 A. I don't remember the date.

21 Q. This wasn't part of the Laredo incident we
22 talked about yesterday, was it?

23 A. I don't recall at this time.

24 Q. How many times did you get into an argument
25 with Mr. Walker about altering your logbook?

Page 336

1 Q. Did you ask him not to call you that?
 2 A. Yes, I did.
 3 Q. And what did he say in response?
 4 A. Everybody else calls you that, so we are just
 5 going to fit -- fill right in, and he never did stop.
 6 Q. Did you tell anybody else about Mr. West's
 7 behavior?
 8 A. No, sir, I didn't.
 9 Q. Why not?
 10 A. Because there were nothing being done about
 11 the problem.
 12 Q. All right. Did Mr. Smith or Mr. Clinton, did
 13 they laugh at your complaints?
 14 A. Yes, sir.
 15 Q. You didn't tell me that this morning.
 16 A. Yes, they did.
 17 Q. Well, you didn't tell me that this morning.
 18 A. You didn't ask me.
 19 Q. When did they laugh at you, when you told them
 20 about it as you described this morning?
 21 A. Yes, sir.
 22 Q. They literally laughed?
 23 A. Yes, they did. Mr. Clinton -- I did not tell
 24 you regarding that because you didn't ask me this
 25 morning, but he had a word of "Big Chongo," that was

Page 337

1 his word that he used against me.
 2 Q. Big what?
 3 A. Chongo.
 4 Q. How do you spell that?
 5 A. I don't have no idea, stands for "Big Monkey."
 6 Q. How do you know?
 7 A. Because Clinton told me it did.
 8 Q. Were you offended by this phrase "Big Chongo"?
 9 A. Yes, I was.
 10 Q. Are those all the people that laughed at or
 11 ignored your complaints?
 12 A. Sir?
 13 Q. Are those all the people that worked for ABF
 14 that laughed at or ignored your complaints?
 15 A. That's all I can think of right now.
 16 Q. Well, this is your opportunity to tell me, so
 17 if there is other people out there, I'd really like to
 18 know about it.
 19 MR. ADAMS: Other than the ones you've
 20 told him previously?
 21 MR. MCCABE: Yeah.
 22 MR. ADAMS: Okay.
 23 A. Yeah, that's all I can think of.
 24 Q. (BY MR. MCCABE) In your last phrase there,
 25 you say on interrogatory number 7 in your answer, you

Page 338

1 state that -- you make a reference to complaints by
 2 other employees that did not involve postings of false
 3 or defamatory statements. What is that reference to?
 4 A. Which one are you on?
 5 Q. 7, the answer to number 7.
 6 A. That's something my attorney wrote in there,
 7 so I don't -- I don't know.
 8 Q. Do you know of any instance while you worked
 9 at ABF that people made complaints to the company that
 10 did not involve false or defamatory statements?
 11 A. I don't know of any.
 12 Q. Do you know what this part of your answer
 13 pertains to; do you know what that's talking about?
 14 A. My attorney wrote that answer in there.
 15 Q. Well, is it based on information that you have
 16 personally?
 17 A. I don't know.
 18 Q. You don't know if you have the information, or
 19 you don't know if there is information?
 20 A. I don't -- you asked me a question if I had
 21 the information, and I said I don't know. If there is
 22 any -- if I have the answer, because I don't recall
 23 having any.
 24 Q. Interrogatory number 9, is that the lawsuit
 25 you described yesterday to Ms. Rabe?

Page 339

1 A. Yes, it was.
 2 Q. Okay. Interrogatory number 12 asks if you
 3 have ever been convicted of a crime or pled guilty to a
 4 crime, and you state no. Is that accurate and true?
 5 A. Correct.
 6 Q. I am going to interrogatory number 20. Ken
 7 Bryan, who is Ken Bryan?
 8 A. President of the local.
 9 Q. Okay. He is not employed by ABF, is he?
 10 A. No, sir.
 11 Q. And I -- this interrogatory number 20, it asks
 12 about assistance or encouragement that ABF provided the
 13 defendants in their efforts to allegedly defame; do you
 14 see that?
 15 A. Yes, sir, I do.
 16 Q. Okay. And you have listed George Burks and
 17 John Evans there; do you see that?
 18 A. Yes.
 19 Q. Okay. Have we already talked about all of the
 20 alleged assistance or encouragement that Mr. Burks or
 21 Mr. Evans provided?
 22 A. Yes, we have.
 23 (ABF Exhibit 23 marked.)
 24 Q. (BY MR. MCCABE) All right, Mr. Coyne, I have
 25 just handed you what has been marked as ABF Exhibit 23.

23 (Pages 336 to 339)

Page 340

1 A. Yes, sir.
 2 Q. Do you have that in front of you?
 3 A. Yes, sir.
 4 Q. Have you seen this document before?
 5 A. Yes, I have.
 6 Q. Request number 3, we asked about your claims
 7 that you have filed against ABF; do you see that?
 8 A. Which one?
 9 Q. Number 3, factual bases of your claims, do you
 10 see that?
 11 A. I must not be on the right --
 12 Q. Let me see, do you have the right document?
 13 Let me see it. Yeah, that's it. Request number 3.
 14 A. Yes.
 15 Q. "Legal theories and, in general, the factual
 16 bases of the Plaintiffs' claims and defenses"; do you
 17 see that?
 18 A. Yes, I do.
 19 Q. And you claim that as to ABF you are bringing
 20 claims for libel; is that correct?
 21 A. Correct.
 22 Q. Sexual harassment in the nature of a hostile
 23 work environment; do you see that?
 24 A. Correct.
 25 Q. And in retaliation in violation of Title 7 of

Page 341

1 the Civil Rights Act of 1964 and the Texas Labor Code;
 2 do you see that?
 3 A. Yes, I do.
 4 Q. Is that an accurate description of your
 5 claims?
 6 A. Yes.
 7 MR. ADAMS: Objection, form.
 8 Q. (BY MR. MCCABE) I am sorry?
 9 A. I have brought all these charges against
 10 them --
 11 Q. Uh--huh.
 12 A. -- for what they have done to me --
 13 Q. Right.
 14 A. -- pertaining to 11 documents that slander,
 15 defamation of character by calling me names such as
 16 "Big Monkey," having anal warts, having an ass baby,
 17 and it goes on and on, and in here having a weener
 18 pole, a -- there are several different things in here.
 19 I would just have to take time to go through that they
 20 have made all these threats and sexual harassments, and
 21 I don't -- I just can't remember everything, having a
 22 weener pole roast, banana peel, Johnson bar lift,
 23 doughnut hunt, a doughnut golf. They have told me I
 24 have been queer. They said I'm gay, having -- accusing
 25 me of having gay affairs with people. It just goes on

Page 342

1 and on. Called me a "banana eating piece of shit."
 2 MR. MCCABE: Objection, nonresponsive.
 3 Q. (BY MR. MCCABE) All I'm trying to do,
 4 Mr. Coyne, is understand if the claims and defenses
 5 that you are bringing against ABF are described here in
 6 response to request number 3?
 7 MR. ADAMS: Objection, form.
 8 A. That's what it says.
 9 Q. (BY MR. MCCABE) Is there anything that you
 10 disagree with?
 11 A. Pertaining to what?
 12 Q. Request number 3.
 13 A. I agree with all the charges.
 14 Q. Okay. Going on to request number 4, you claim
 15 that you have lost \$10,000 a year in annual income; is
 16 that correct?
 17 A. That's what we have come up with so far.
 18 Q. I am talking about your lost wages. I mean,
 19 the difference between -- I mean, are you slowing down
 20 in 2006; is that what you are saying?
 21 A. Sir?
 22 Q. Are you slowing down in 2006; is that what you
 23 are telling me?
 24 A. I have had to take more time off because of
 25 the harassment.

Page 343

1 Q. Are you purposefully driving less miles?
 2 A. No, sir.
 3 Q. What are you -- what did you mean when you
 4 said that's all we have come up with so far?
 5 A. There could be more time off if I've got to go
 6 to more doctor's appointments.
 7 Q. It is true, though, that you are paid by the
 8 mile, right?
 9 A. Correct.
 10 Q. And you have control over how many miles you
 11 drive each year, correct?
 12 A. That's not correct.
 13 Q. At least in part it is, right?
 14 A. Well, whatever runs they call in my seniority
 15 position.
 16 Q. But you don't have to take every run that you
 17 are offered, do you?
 18 A. No, sir.
 19 Q. Going to page 6 of your disclosures. Have we
 20 talked about John Williams yet, about three-quarters of
 21 the way down the page?
 22 A. I don't believe so.
 23 Q. Who is John Williams?
 24 A. He is a road driver.
 25 Q. Where is he based out of?

Page 464

1 MR. MCCABE: Yeah. Pass the witness to
 2 you, if you have any questions.
 3 MR. ADAMS: Passing the witness?
 4 MS. RABE: Yes.
 5 MR. ADAMS: You are passing the witness?
 6 MR. MCCABE: (Nods head.)
 7 MR. ADAMS: We reserve all our questions
 8 until in the time of trial when the jury's in the box
 9 and justice is being dispensed.
 10 THE VIDEOGRAPHER: Off the record.

Page 466

1 I, MARTIN COYNE, have read the foregoing
 2 deposition and hereby affix my signature that same is
 3 true and correct, except as noted above.
 4
 5
 6 MARTIN COYNE
 7
 8 THE STATE OF _____)
 9 COUNTY OF _____)
 10 Before me, _____, on this
 11 day personally appeared MARTIN COYNE, known to me (or
 12 proved to me under oath or through _____)
 13 (description of identity card or other document) to be
 14 the person whose name is subscribed to the foregoing
 15 instrument and acknowledged to me that they executed
 16 the same for the purposes and consideration therein
 17 expressed.
 18 Given under my hand and seal of office
 19 this _____ day of _____, _____.
 20
 21
 22
 23 NOTARY PUBLIC IN AND FOR
 24 THE STATE OF _____
 25

Page 465

1 CHANGES AND SIGNATURE
 2 WITNESS: MARTIN COYNE DATE OF DEPO: 6/9/2006
 3 PAGE LINE CHANGE REASON

Page 467

1 NO. 05-12540
 2 JERRY GUMPert and MARTIN) IN THE DISTRICT COURT
 3 COYNE,)
 4 Plaintiffs,)
 5 vs.)
 6 ABF FREIGHT SYSTEMS, INC.,)
 7 BARRY SIRCY, TOMMY WALKER,)
 8 ROBERT GRAVES, GEORGE) DALLAS COUNTY, TEXAS
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 11 CRAWFORD, RICHARD FISER,)
 12 DAN NOONKESTER, RICHARD)
 13 MARTINEZ, RICHARD PASSMORE)
 14 and LEONARD ESNER, JR.,)
 15 Defendants.) 160TH JUDICIAL DISTRICT
 16 REPORTER'S CERTIFICATION
 17 DEPOSITION OF MARTIN COYNE
 18 Volume 2
 19 June 9th, 2006
 20 I, Jerry L. Callaway, RDR, Certified
 21 Shorthand Reporter in and for the State of Texas, do
 22 hereby certify to the following:
 23 That the witness, MARTIN COYNE, was duly
 24 sworn by the officer and that the transcript of the
 25 oral deposition is a true record of the testimony given
 by the witness;
 That the deposition transcript was
 submitted on June 14th, 2006, to the witness or to the
 attorney for the witness for examination, signature and
 return to me in 20 days pursuant to Rule 203.1(b) or
 agreement;
 That the amount of time used by each

Page 468

1 party at the deposition is as follows:

2 Mr. Michael A. McCabe - 2:40
 Ms. Genice A.G. Rabe - 2:35

3
 4 That pursuant to the information given to
 5 the deposition officer at the time said testimony was
 6 taken, the following includes counsel for all parties
 7 of record:

8 Mr. Carl David Adams, Attorney for Plaintiffs
 9 Mr. Michael A. McCabe, Attorney for Defendant ABF
 Ms. Genice A.G. Rabe, Attorney for Individual
 Defendants

10 I further certify that I am neither
 11 counsel for, related to, nor employed by any of the
 12 parties or attorneys in the action in which this
 13 proceeding was taken, and further that I am not
 14 financially or otherwise interested in the outcome of
 15 the action.

16 Further certification requirements
 17 pursuant to Rule 203 of TRCP will be certified to after
 18 they have occurred.

19 Certified to by me this 14th day of June,
 20 2006.

21
 22
 23 Jerry L. Callaway, RDR, CSR 948
 Expiration Date: 12/31/2006
 Firm Registration No. 209
 24 5220 Renaissance Tower
 1201 Elm Street
 25 Dallas, Texas 75270
 (214) 855-5300

Page 469

1 FURTHER CERTIFICATION UNDER RULE 203 TRCP

2 The original deposition was/was not
 3 returned to the deposition officer on _____;

4 If returned, the attached Changes and
 5 Signature page contains any changes and the reasons
 6 therefor;

7 If returned, the original deposition was
 8 delivered to Michael A. McCabe, Custodial Attorney;

9 That \$ _____ is the deposition
 10 officer's charges one-half to the Defendant ABF and
 11 one-half to the Individual Defendants for preparing the
 12 original deposition transcript and any copies of
 13 exhibits;

14 That the deposition was delivered in
 15 accordance with Rule 203.3, and that a copy of this
 16 certificate was served on all parties shown herein on
 17 _____ and filed with the Clerk.

18 Certified to by me this _____ day of
 19 _____,
 20 _____.

21
 22 Jerry L. Callaway, RDR, CSR 948
 Expiration Date: 12/31/2006
 Firm Registration No. 209
 23 5220 Renaissance Tower
 1201 Elm Street
 24 Dallas, Texas 75270
 25 (214) 855-5300

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2	1.	Appearances	252
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10 EXHIBITS

11	Ex #	Description	Pg	Ln
12		INDIVIDUAL DEFENDANTS' EXHIBITS		
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1 ABF EXHIBITS

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11		ABF Freight System Inc's Request for		
12		Rule 194 Disclosure		
13			252	5

JS 44
(Rev. 3/99)

JUN 21 2006

CIVIL COVER SHEET

306 - CV 1102 - B

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by the Federal Rules of Court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of indexing the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

Jerry Gumpert and Martin Coyne

DEFENDANTS

ABF Freight System, Inc., Barry Sircy, Tommy Walker, Robert Graves, George Warren, Perry Wayne Middlebrook, Richard Crawford, Richard Fisher, Dan Noonkester, Richard Martinez, Richard Passmore, Leonard Esner, Jr.

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF

(EXCEPT IN U.S. PLAINTIFF CASES)

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT

Dallas County

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Robert Goodman, Jr., 5956 Sherry Lane, Suite 800
Dallas, Texas 75225 214-368-1765; Carl David
Adams, 6060 North Central Expwy., Suite 690,
Dallas, Texas 75206 214-691-6622

ATTORNEYS (IF KNOWN)

William C. Strock, Michael A. McCabe, Haynes and
Boone LLP, 901 Main Street, Suite 3100
Dallas, Texas 75202-3789; Genice A.G. Rabe, 3301 Elm
Street, Dallas, Texas 75226

II. BASIS OF JURISDICTION

(PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES

(For Diversity Cases Only)

(PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury — Med. Malpractice <input type="checkbox"/> 365 Personal Injury — Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 881 Agricultural Acts <input type="checkbox"/> 882 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input type="checkbox"/> 990 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence HABEAS CORPUS: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input checked="" type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSD Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS — Third Party 26 USC 7609	

V. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 Original Proceeding
☒ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from another district (specify)
☐ 6 Multidistrict Litigation
☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY.)

Title VII of the Civil Rights Act of 1964, 42 U.S.C. Sec. 2000e et seq. Plaintiffs seek relief for sexual harassment and retaliation in violation of Title VII.

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 ☐

DEMAND \$

CHECK YES only if demanded in complaint

JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) (See instructions): IF ANY

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

June 21, 2006

Michael A. McCabe, Counsel for Defendant
ABF Freight Systems, Inc.

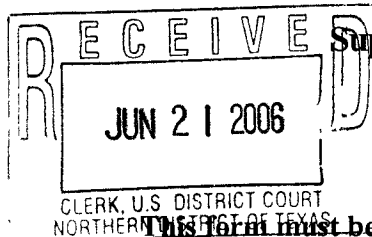
FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

B

ORIGINAL United States District Court
Northern District of Texas

306 - CV1102 - B



**Supplemental Civil Cover Sheet For Cases Removed
From State Court**

This form must be attached to the Civil Cover Sheet at the time the case is filed in the U.S. District Clerk's Office. Additional sheets may be used as necessary.

1. State Court Information:

Please identify the court from which the case is being removed and specify the number assigned to the case in that court.

Court
160th Judicial District
Dallas County

Case Number
DC05-12540-H

2. Style of the Case:

Please include all Plaintiff(s), Defendant(s), Intervenor(s), Counterclaimant(s), Crossclaimant(s) and Third Party Claimant(s) still remaining in the case and indicate their party type. Also, please list the attorney(s) of record for each party named and include their bar number, firm name, correct mailing address, and phone number (including area code.)

Party and Party Type

Attorney(s)

See Attached A

3. Jury Demand:

Was a Jury Demand made in State Court?

• Yes

• No

If "Yes," by which party and on what date?

Party

Date

Supplemental Civil Cover Sheet
Page 2

4. **Answer:**

Was an Answer made in State Court?

☒ Yes

☐ No

If "Yes," by which party and on what date?

See Attached B

Party

Date

5. **Unserved Parties:**

The following parties have not been served at the time this case was removed:

Party

Reason(s) for No Service

None

6. **Nonsuited, Dismissed or Terminated Parties:**

Please indicate any changes from the style on the State Court papers and the reason for that change:

Party

Reason

None

7. **Claims of the Parties:**

The filing party submits the following summary of the remaining claims of each party in this litigation:

Party

Claim(s)

Plaintiffs - allege libel, civil conspiracy, aiding and abetting a civil conspiracy, discrimination, retaliation and sexual harassment.
Defendants - deny all of Plaintiffs' allegations.

CAUSE NO. 05-12540

**JERRY GUMPERT and
MARTIN COYNE,**

Plaintiffs,

V.

**ABF FREIGHT SYSTEM, INC.,
BARRY SIRCY, TOMMY WALKER,
ROBERT GRAVES, GEORGE
WARREN, PERRY WAYNE
MIDDLEBROOK, RICHARD
CRAWFORD, RICHARD FISER, DAN
NOONKESTER, RICHARD
MARTINEZ, RICHARD PASSMORE,
and LEONARD ESNER, JR.**

Defendants.

~~~~~

**IN THE DISTRICT COURT**

## 160<sup>th</sup> JUDICIAL DISTRICT

**DALLAS COUNTY, TEXAS**

**ATTACHMENT A**  
**PARTIES AND THEIR COUNSEL**

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PARTY:</b><br><b>PLAINTIFFS:</b><br><b>MARTIN COYNE AND</b><br><b>JERRY GUMPERT</b> | <b>COUNSEL</b><br>Robert E. Goodman, Jr.<br>5956 Sherry Lane, Suite 800<br>Dallas, Texas 75225<br>214-368-1765 (telephone)<br>214.368.3974 (fax)<br>Email: <a href="mailto:mailto:rgdallas@flash.net">mailto:rgdallas@flash.net</a><br><br>Carl David Adams<br>The Law Offices of Carl David Adams<br>Twin Sixties Tower<br>6060 North Central Expressway, Suite 690<br>Dallas, Texas 75206<br>214-691-6622 (telephone)<br>214-691-2984 (fax)<br>Email: |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| PARTY                                                                                                                                                                                                                                                                                              | COUNSEL                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>INDIVIDUAL</u></b><br/> <b><u>DEFENDANTS:</u></b><br/> <b>ABF FREIGHT SYSTEM, INC., BARRY SIRCY, TOMMY WALKER, ROBERT GRAVES, GEORGE WARREN, PERRY WAYNE MIDDLEBROOK, RICHARD CRAWFORD, RICHARD FISER, DAN NOONKESTER, RICHARD MARTINEZ, RICHARD PASSMORE, AND LEONARD ESNER, JR.</b></p> | <p>Genice A. G. Rabe<br/> Law Offices of Genice A. G. Rabe<br/> 3301 Elm Street<br/> Dallas, Texas 75226<br/> 214-939-9228 (telephone)<br/> 214-939-9229 (fax)<br/> Email: <a href="mailto:rabelaw@prodigy.net">mailto:rabelaw@prodigy.net</a></p>                                                                                                                         |
| <p><b><u>CORPORATE</u></b><br/> <b><u>DEFENDANT:</u> ABF FREIGHT SYSTEM, INC.</b></p>                                                                                                                                                                                                              | <p>William C. Strock<br/> Michael A. McCabe<br/> HAYNES AND BOONE , LLP<br/> 901 Main Street, Suite 3100<br/> Dallas, TX 75202-3789<br/> Tel: (214) 651-5000<br/> Fax: (214) 651-5940<br/> Email: <a href="mailto:bill.strock@haynesboone.com">bill.strock@haynesboone.com</a><br/> <a href="mailto:michael.mccabe@haynesboone.com">michael.mccabe@haynesboone.com</a></p> |

age

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IN THE DISTRICT COURT

160th JUDICIAL DISTRICT

DALLAS COUNTY, TEXAS

ATTACHMENT B
DEFENDANTS' ANSWER DATES

D-1444239 1.DOC